



State of California-Health and Human Services Agency
Department of Health Services

SANDRA SHEWRY
Director



ARNOLD SCHWARZENEGGER
Governor

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Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) MEDICAL CONSULTANTS, ADMINISTRATORS, SUPERVISING/CHIEF THERAPISTS, AND STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: AUTHORIZATION OF OCCUPATIONAL THERAPY (OT) SERVICES

INTRODUCTION

The purpose of this numbered letter is to provide policy guidelines and procedures for CCS Independent County programs, CMS Regional Offices, and CCS Dependent County programs participating in Level III of the Case Management Improvement Project (CMIP) for authorization of general program OT services when all criteria for medical necessity are met as delineated in this Numbered Letter (NL). This NL only covers general program OT services and does not address "in lieu of Medical Therapy Unit" services.

BACKGROUND

OT services are a CCS benefit when therapy services are necessary to treat the CCS eligible medical condition. CCS clients may receive therapy services through the CCS Medical Therapy Program (MTP) or if not medically eligible for the MTP, through the general CCS program.

Clients who are not medically eligible for the MTP may receive OT through the general CCS program if the client is medically, residentially and financially eligible for CCS, and the OT is medically necessary to treat or ameliorate the CCS-eligible medical condition. Authorizations may be issued to CCS paneled therapists who provide the service in a hospital outpatient clinic, private group practice, or individual private office.

The Medi-Cal program has frequency limits for OT services when the services are not provided by a Medi-Cal approved outpatient rehabilitation center (OPRC) or a home health agency.

POLICY

- A. Effective the date of this letter, CCS program case management staff shall review and authorize all OT services for CCS clients who are not medically eligible for the MTP.
- B. OT services for children with full scope, no share of cost, Medi-Cal eligibility shall be authorized in the general CCS program as EPSDT SS when the frequency limitations of the Medi-Cal program are exceeded, and the request meets criteria as indicated in N.L.: 03-0205.
- C. Authorization of services provided at a Medi-Cal certified Outpatient Rehabilitation Center (see Appendix A) or a home health agency do not require authorization as EPSDT SS.
- D. General CCS authorizations for OT shall be issued when all the following are present:
 - There is documentation of medical necessity for treatment of the CCS eligible condition.
 - The prescribing physician is CCS paneled and approved to treat the child's CCS eligible condition.
 - The therapist is CCS paneled, and
 - The hospital outpatient clinic, private group practice, or individual private office provider has an active Medi-Cal provider number.
- E. The prescription for OT services must include, frequency and duration of therapy identify goals. Documentation accompanying the request should include physician medical reports, any available therapy reports, current status and information regarding rehabilitation potential.

F. Extensions or renewals may be granted based upon receipt of documentation of continued medical necessity, which includes the child's response to the previous treatment plan, goals, objectives, therapy progress, and rehabilitation potential.

IMPLEMENTATION

If the frequency is greater than two services per month and the therapy will not be done at an OPRC or through a home health agency, the authorization shall be issued as follows:

A. For CCS/Medi-Cal children

- Check the EPSDT-SS box
- For group practice providers, indicate the name of the CCS paneled therapist in the special instructions box on the authorization.
- Include applicable Healthcare Common Procedure Coding System (HCPCS) OT service code(s) as listed below:

Treatment, initial 30 min	X4110
Treatment additional 15 min	X4112
Evaluation initial 30 min	X4100
Evaluation additional 15 min	X4102
Case Consultation and report	X4120
Case conference and report	X4104

- Include on the authorization the number of Units per HCPCS code authorized. For example, if OT is authorized for three times per week for ten weeks, the number of units entered is 30.
- The length of the authorization shall not exceed six months.
- For an EPSDT SS authorization, include specific claiming instructions to the provider indicating, "EPSDT SS items must be submitted on a separate claim form from any other Medi-Cal item/service."

B. For CCS/HF and CCS-only children, follow the authorization instructions above without indicating EPSDT-SS on the authorization.

C. Denial of EPSDT SS Authorization

Any potential denial must be reviewed by the CCS county medical consultant who shall seek consultation with the CMS Regional Office medical consultant prior to initiating a Notice of Action for children with full scope, no share of cost Medi-Cal eligibility. Refer to N.L.: 03-205 for instructions on issuing a Notice of Action for an EPSDT SS request.

If you have questions about this NL, please contact your Regional Office Therapy Consultant or Medical Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

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Attachments

1. Appendix A